| | PATENT | Effect | ive Dece | ember 8, 20 | NATION RE | CORD | 09 | 1645 | 90 |
|------------|--|---|---------------|--|--|---------------------|-----------------|---------------------------------------|-----------------|
| | 5 18 06 | CLAIMS A | S FILE | | (Column 2) | SMALI TYPE | ENTITY | OTI OR SMA | ER.TH |
| | TOTAL CLAIMS | | | | | RATE | E FEE | RAT | |
| | FOR | | NUMBE | RNLED | NUMBER EXTRA | BASIC | FEE 150.00 | → | |
| | TOTAL CHARGEA | BLE CLAIMS | | ninus 20= | 1 | Ve or | | | 1- |
| - 11 | INDEPENDENT CL | AIMS | 1 | minus 3 | | X\$ 25 |)= | OR X\$50 | = / |
| - II | MULTIPLE DEPEND | DENT CLAIM P | | 1111103 3 = | | X100: | = | OR X200 | = |
| IL. | | | <u> </u> | | | | = | OR +360: | |
| | If the difference in | n column 1 is | less than | zero, enter "0 | " in column 2 | TOTAL | | OR TOTAL | |
| SK | CHAMICE | A'RA' RMIA | MENDE | D - PART I | | | <u> </u> | | . L/ |
| Ir | | (Column 1) CLAIMS | 1 | (Column | 2) (Column 3 | SMALI | L ENTITY | OR SMAL | ER THA LENTI |
| | 5/2/06 | REMAINING AFTER AMENOMENT | | HIGHEST NUMBER PREVIOUS | PRESENT LY EXTRA | HATE | ADDI- TIONAL | RATE | AD |
| Č | Total . | | Minus | PAID FOR | 7 | | FEE | | FE |
| AMENOMACAT | Independent . | 2 | Minus | 1 9 | - | X\$ 25= | 1 | OR X\$50= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | X100= | | QR X200= | 1 |
| | | | | · | | +180= | | OR 360= | |
| | | | | • | | TOTAL ADDIT, FEE | | OP TOTA | |
| - | | (Column 1). | | (Column 2 | 2) (Column 3) | _ | | ADDIT. FE | E |
| AMENDMENTR | | CLAIMS REMAINING AFTER MENOMENT | | HIGHEST NUMBER PREVIOUSL PAID FOR | PRESENT | RATE | ADDI- TIONAL | RATE | ADD |
| O N | Total . | | Minus . | ** | = | Voos | FEE | | FEI |
| WE | Independent * | | Minus | ### | = . | X\$ 25= | | OR X\$50= | |
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| | | | | | | +180= | | OR +360= | |
| . | | ` | | | | TOTAL | | TOTAL | - |
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| ENTR | | CLAIMS - REMAINING AFTER: MENDMENT | | HIGHEST NUMBER PREVIOUSLY | PRESENT | RATE | ADDI- TIONAL | RATE | ADD TION |
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| | | | | | ··· — ———————————————————————————————— | +180= | 01 | | |
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